

For Ecolog	y Use
Fee Paid _	
Date	

Please follow the attached instructions to avoid unnecessary delays.

	1. APPL						*6*6*6*0*0*0*0*0*0*0*0*0*0*0*0*0*0*0*0*	
Name LESTER L. WARRINER				Home Te	: (509	973.	2705	
Mailing Add	dress 157	02 N - R	OTHROCK	ROAD	Work Tel	: () -	
City P	ROSSER	St	ate <u>WA</u> Z	ip+4993	50 ₊ 9625 FAX	K: (509	973	_ 3387
	2. CONT e as above		ERSON'	TO CALI	L ABOUT THE		ICATIO	N
Name					Home Te	: (_)	
Mailing Ad	dress				Work Tel	: (_)	
					+ FAX			
Relationship	o to applican	t						
Section	3. STATI	DMIDNT	OF INVI	DNI				
cubic fee	t per second	from a 🗵 s	eurface wate	r source or [BEEF CAT	ground water source IRRIGATions.) NOTE: A tax p	e (check	only one) f	or the purpose(s) ACH A "LEGAL"
sufficient.					per year:30			
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	1 10 1							
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ECY 040-1-14 Rev. 7/97 ** f **APPLICATION**

Appl. No.: 54-32797

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)
C.	Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO PROVIDE DOCUMENTATION.
	tion 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
Λ.	(Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
1200003120001111100	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:11.9
B.	List total number of acres for other specified agricultural uses:
	Use PASTURE Acres 10
	UseAcresAcres
C.	Total number of acres to be covered by this application: 11.9
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:
E.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy cattle, see below) Dairy - # Milking # Non-milking











Section 8. WATER STORAGE

Applicant (or authorized representative)

Landowner for place of use (if same as applicant, write "same")

Will	you be using a dam, dike, or other structure to retain or store water?	☐ YES	☑ NO
point,	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or a and some portion of the storage will be above grade, you must also apply for a reservoir permit. woir permit application from the Department of Ecology.		
Sec	ction 9. DRIVING DIRECTIONS		
Provi 4.5	de detailed driving instructions to the project site. MILES EAST FROM PROSSER ON OIE HIGHWAY, 1/16th MILE NORTH OTHROCK ROAD TO 2nd DRIVEWAY ON LEFT OVER RAILROAD TRACK	N	
Sec	ction 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.) SEE ATTACHED SURVEY		
Sec	etion 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es of the owner(s):	☑ YES	□NO
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	ĭ YES	□NO
to promi	tify that the information above is true and accurate to the best of my knowledge. I understances my application, I grant staff from the Department of Ecology access to the site for inspectoring purposes. Even though I may have been assisted in the preparation of the above apployees of the Department of Ecology, all responsibility for the accuracy of the information responses.	ection and ication by	d the

<u>SEPTEMBER</u>
Date

Date

1998

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

SECTION 3: OF GRASS PASTURE, LAWN AND GARDEN

We are returning your application for the following reason	on(s):			
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128		
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE		
Explanation:				
Please provide the additional information requested above and return your application by (date).				

Ecology is an Equal Opportunity and Affirmative Action employer.

Ecology staff_

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).



